Final evaluation 2011 – Brief Report

Contribution to the Improvement of Health Services/Reproductive Health in Cao Bang and Son La, Viet Nam

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Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH
Monitoring and Evaluation Unit
Postfach 5180
65726 Eschborn
T +49 61 96 79-1408
F +49 61 96 79-801408
E evaluierung@giz.de

Internet:
www.giz.de

Produced by: Eberhard Koob, Dr. Le Thi Phuong Mai
Institute/Consulting-Firm: AFC Consultants International/GOPA Consultants

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Tabular overview

The evaluation mission

Evaluation period	06/2011 – 07/2012
Evaluating consulting firm	AFC Consultants International / GOPA Consultants
Evaluation team	Eberhard Koob, MD, MPH; Michael Niechzial, MD, MPH, PhD (international experts); Le Thi Phuong Mai, MD, MPH, PhD (national expert) Tho Nguyen Thi Thi, MD., MPH (national interpreter)

The development measure

Title according to the offer	Contribution to the Improvement of Health Services / Reproductive Health in Cao Bang and Son La, Viet Nam
Number	2005.2134.4
Overall term broken down by phases	07/2006 - 12/2010 First phase: 07/2006 – 06/2009, extended until 12/2010
Total costs	EUR 2.724.000 (German contribution) EUR 100.000 (1,87 Billion Vietnamese Dong; Partner contribution) EUR 2.824.000 (Total costs)
Overall objective as per the offer	The poor population of Cao Bang and Son La provinces improve their health seeking behaviour by increasingly using health services, practicing prevention and participating in equitable and efficient financing mechanisms.
Lead executing agency	Government Office for Population and Family Planning (GOPFP) in the Ministry of Health (MoH)
Implementing organisations (in the partner country)	Departments of Health (DoH) in the provinces Cao Bang and Son La, health facilities in both provinces, national and international Non-governmental Organisations (NGO)
Other participating development organisations	None
Target groups as per the offer	Population of the two Provinces Cao Bang (ca. 500.000 inhabitants) und Son La (ca. 1 Mio. inhabitants), with a specific focus on poor and marginalized people and women and men in reproductive age group.

The rating

Overall rating *On a scale of 1 (very good, significantly better than expected) to 6 (the project/program is useless, or the situation has deteriorated on balance)*	3
Individual rating	Relevance: 2; Effectiveness: 3; Impact: 3; Efficiency: 3; Sustainability: 2

The object of this independent final evaluation was the programme *"Contribution to the Improvement of Health Services/Reproductive Health in Cao Bang and Son La, Viet Nam*". The evaluation was carried out by Eberhard Koob (international consultant) and Le Thi Phuong Mai (national consultant) on behalf of AFC Consultants International/GOPA Consultants during June 2011 and June 2012. The field mission in Viet Nam took place from the 15th March to the 3rd of April 2012. The evaluation team analysed relevant programme documents, realised semi-structured interviews and group discussions with important stakeholders at national and provincial level, health care professionals as well as representatives of the target population and visited health facilities for participatory observation. The preliminary findings were presented during debriefing meetings with the partners.

Viet Nam's general poverty rate fell from 58% in 1993 to 14.2% in 2010. However, in 2006, 52.2% of people from ethnic minority groups were living in poverty, compared to 10.2% of the ethnic majority groups. The two programme provinces Cao Bang and Son La are among the poorest in Viet Nam.

Viet Nam is likely to achieve the health related Millennium Development Goals (MDG). But despite the efforts made by the Vietnamese government (e.g. Healthcare Fund for the Poor - HCFP: 2006; New National Health Insurance Law: 2006; Law on Examination and Treatment: 2009) to improve the health status of large sections of the population and progress achieved in higher coverage for essential health care services, there are still large disparities in health indicators among regions. Both maternal and child mortality rates, being key indicators for overall population health and effectiveness of preventive and curative health services, are much higher in areas where ethnic minorities live, e.g. the programme provinces. This is partially due to low numbers of qualified staff and a lack of incentive policies and strategies for medical staff to promote assignments in remote and disadvantage areas.

The *"Contribution to the Improvement of Health Services/Reproductive Health in Cao Bang and Son La"* programme was planned for two phases of three years from 12/2005 to 11/2011, but only started in July 2006. During intergovernmental consultations in 04/2008 the focus of the bilateral cooperation in the health sector was shifted from "reproductive health" (RH) to "decentralised Health Care Systems". In consequence the programme's first phase was extended by 18 months until 12/2010 and the programme was closed after a total duration of 4.5 years.

The executing agency of the programme was the Viet Nam Commission for Population, Family and Children, which in August 2007 was integrated into the Ministry of Health (MoH) as the General Office for Population and Family Planning. Target group was the population of the Cao Bang and Son La provinces with a special focus on poor and disadvantaged persons as well as women and men in reproductive age.

The concept of the programme was based on the promotion of Viet Nam's socio-economic development and the well-being of the population by reducing the gap between privileged and disadvantaged populations. The overall objective of the programme was defined as "*The poor population of Cao Bang and Son La provinces improve their health seeking behaviour by increasingly using health services, practicing prevention and participating in equitable and efficient financing mechanisms".* This overall objective was to be reached via three components: Component 1 aimed at increasing the demand for curative, preventive and promotional health services via Information, Education and Communication (IEC) campaigns on reproductive health, HIV/AIDS and Sexually transmitted diseases. Intention of component 2 was to improve health service quality through training and supervision programmes. Component 3 aimed at improving financial access to health services/introduction of Social Health Insurance schemes and was modified to a more supporting approach of the existing health insurance scheme after the integration of the beneficiaries of the HCFP into the national health insurance (HI) in 2006.

After an analysis of the results chain and the identification of weaknesses, the evaluation team reconstructed the results chain by reformulating the overall objective and the component objectives. The programme's overall objective was complex, primarily process oriented (using verbs in progressive form: "improve health seeking behaviour", etc.) and was to be simplified. Unspecific indicators were redefined (operationalized). Indicators combining several aspects were separated. Indicators which had been non-measurable were replaced or deleted. The targets for the indicators – if defined in the planning documents – were respected.

The reformulated overall objective *"The health seeking behaviour of the poor population of Cao Bang and Son La Provinces is improved"* was to be evaluated by five reconstructed indicators: (1) Number of outpatient visits to health care centres and hospitals, (2) number of in-hospital admissions, (3) number of visits/in-hospital admissions due to HIV/AIDS related symptoms and diseases, including all Sexually Transmitted Infections, (4) contraceptive prevalence, (5) proportion of deliveries with skilled attendance.

Results-based monitoring within the programme was rather week. Baseline data were not

collected for all programme indicators. Additional information was collected by organising two Knowledge, Attitude and Practice (KAP) studies in 2007 and 2010, providing information about changes in knowledge and awareness. Routine data within the Vietnamese health information system provided insufficient data.

The technical implementation of the programme concept was mainly based on extensive training and IEC activities. Despite a rather lecture stile of the IEC sessions, the assessment of the IEC strategy of the programme is positive, as it was based on various information channels, included innovative approaches, involved local stakeholders of communities, representatives of the people's committee, of unions and other technical departments. Training interventions concerned priority topics; improved quality of health care concerned technical subjects as well as the definition and introduction of quality management (QM) processes and tools. Initial training courses were complemented by supportive supervision. The training activities were conducted in a very structured way and responded to the expressed needs. The roll out of the new strategy to include beneficiaries of HCFP into HI was supported by a systematic training programme for health care professionals, HI employees, and health managers and stakeholders outside the health system.

The main focus of capacity development in the programme was on individual capacity development through multiple training courses of health staff, managers, community, and mass media representatives, intensive IEC activities at population level and training of trainers. Organisational development provided by the programme was positively commented by representatives of partner organisations. The programme successfully promoted networking between the Department of Health (DoH) and mass organisations and media. Feed-back from provincial to national level was only given within the programme's steering structures.

In order to evaluate the programme, the OECD/DAC criteria were used. The rating of the 5 criteria relevance, effectiveness, impact, efficiency and sustainability is as follows:

Relevance: The programme addressed not only a fundamental problem of disadvantaged rural populations, their bad health status, but also important Vietnamese development priorities in the health sector: Improved utilisation of reproductive health services, service quality and better financial access through HI. The programme supported two rural provinces characterised by a majority of ethnic minorities and rural and remote areas. Aiming at impacts such as reduced maternal or infant-mortality, support of HIV/AIDS related prevention and care and the contribution to poverty reduction by an improved financial accessibility of health care, the programme contributed to the achievement of the MDG 1, 4, 5, and 6. The

programme was fully in-line with Vietnamese and German development and sector strategies. After reorientation of the sector strategy of the Vietnamese-German bilateral cooperation the programme was however no longer in line with German priorities in the health sector. Relevance is rated **good (level 2),** without significant defects.

Effectiveness: Despite the weaknesses in the monitoring system and the difficulties to find reliable data, achievement of programme's objectives and indicators show positive results or at least partly achievements of the targets. Four indicators could not be measured during the evaluation mission. Increased utilisation of curative and clinical services (hospitalisations, caesarean sections, deliveries with skilled attendance) and of preventive services (ante-natal care ANC), improved knowledge on RH issues and concerning procedures and benefits of the Health Insurance Systems illustrate the programme's achievements. Some instruments of QM are used in the health facilities, but QM as a comprehensive system still needs to be implemented. Interviews with health care providers and users confirmed the findings of increased awareness concerning reproductive health, HIV/AIDS prevention and health insurance, and high satisfaction with the quality of health services of the target population. Provincial partners confirmed the important contribution of the programme to reach the increased utilisation of health services and the importance of the awareness-raising campaigns. The rating of effectiveness is **satisfactory (level 3),** positive results predominate.

Impact: The programme contributed plausibly to important Vietnamese development goals reflected in the overarching development results: improved health status, improved governance in the health system, poverty alleviation and reduction of the gap between privileged and disadvantaged provinces. The observed changes in increased knowledge about prevention and utilisation of health services, better quality of health services and an increased utilisation of preventive and curative health services contribute to a better health status of the population and the achievement of the health related MDG 1, 4, 5, 6. There are also many other important influencing factors such as the improvement of health infrastructures, the improving socio-economic context of Viet Nam, or other development programmes in the same sector. Improved knowledge of patient's rights and HI procedures and their application are contributions of the programme to improved transparency in the health sector. The improved access of poor people to health care is a contribution to poverty alleviation. The evolution of indicators like assisted deliveries, participation in ANC, contraceptive prevalence health insurance coverage or contraceptive prevalence indicate a trend to diminish the gap between privileged and disadvantaged provinces. The observed changes can plausibly be attributed to the programme, but they remain still limited. The

rating of impact is **satisfactory (level 3),** positive results predominate.

Efficiency: The programme succeeded in offering a remarkable amount of outputs with less than half of the initially planned budget and within one extended programme phase only. Contracts with local institutions and technicians contributed to diminish costs of implementation. Certain instruments developed within the programme (e.g. training database, quality checklist) remained propositions and were not implemented. Development measures of German financial cooperation (delivered by Kreditanstalt für Wiederaufbau: KfW) were complementary (provision of contraceptives and support to Son La provincial hospital). There was a limited cooperation with InWEnt (Internationale Weiterbildung und Entwicklung) concerning training activities. Coordination between the different German interventions and between international partners was on a regular basis and facilitated exchange of experience and cooperation. Donor funded development projects in Viet Nam are actively coordinated by the national partners in order to ensure that they comply with the national development policies and are complementary. The overall structure of the programme's offices and steering structures was appropriate. The instrument of local subsidies could have been tested to promote more implementation responsibility. Positive findings were predominant. The rating of efficiency is **satisfactory (level 3)**, positive results predominate.

Sustainability: The assessment of sustainability is positive. The observed improvements concerning knowledge and awareness of the population concerning RH and prevention, improved quality of health services and good coverage of HI are likely to continue or even to increase. Quality management has not yet been implemented as a comprehensive system; application of introduced measures might decrease. The programme complied totally with the development strategies in the health sector of Viet Nam (political sustainability). An improved health status is an important condition to take part in economic development. Based on the overall positive economic development of Viet Nam the health sector is likely to further develop (economic sustainability). The improved access to health facilities of poor populations and prevention of impoverishment contribute to more social justice (social sustainability). The programme did not influence or react on ecological aspects. Positive findings concerning sustainability predominate. With a high degree of probability, the overall success of the programme (measured by the achieved indicators) will not substantially decrease. Rating of sustainability is **good (level 2),** without significant defects.

With relevance and sustainability achieving a score of "good", effectiveness, impact and efficiency a score of "satisfactory", the **overall rating** of the project is **satisfactory (level 3).**

Based on the findings of the evaluation mission the following recommendations can be formulated:

Recommendation to the partners in Viet Nam:

MoH, central level:

- Review of the health information system to achieve a more integrated system with a well working results-oriented monitoring system, based on SMART indicators and improved quality of data collection;
- Improvement of the continuity in international bilateral cooperation. New development measures should preferably support the same target areas in order to build on positive results like achievements in capacity development of previous projects.

DoH, provinces, districts:

- Consideration of training activities (e.g. reproductive health, essential health care services), supportive supervision and promotion of QM to be continuing activities. Concepts for sustainable training, supervision and coaching activities should be elaborated, based on real needs. Sufficient financial resources should be provided.

MoH, DoH (provinces):

- Intensification of the exchange of information and sharing of “lessons learnt” and “best practise” between different departments.

Recommendations to GIZ:

- Adaption of planning documents in case of changing framework conditions. If indictors/outcomes are not measurable with routine data (e.g. for IEC campaigns), regular additional surveys should be organised to facilitate Monitoring & Evaluation;
- Combination of individual capacity development activities by organisational development interventions. Training activities, supportive supervision and QM should be supported by comprehensive approaches including elaboration of sustainable financial strategies;
- In the case of strong ownership like in the evaluated programme, “local subsidies” could be an additional instrument in order to promote more involvement of partners in administrative activities and implementation under GIZ supervision.

Recommendations to the German development co-operation:

- Successful development measures should not be cut short due to external decisions. Enough time to implement complex strategies and activity packages has to be foreseen.

Comparison of target and actual situation with respect to achievement of the objective, on the basis of the indicators laid out in the contract (or the subsequently modified indicators) in an overview diagram, including the status of BMZ markers

Impact: (1) Improved health status of the target population, (2) increased transparency in the health system, (3) reduced risk of poverty, (4) diminished gap between privileged and disadvantaged provinces				
Overall objective/outcome	**Cross cutting issues**			
	Poverty orientation (SUA/ODP)	**Gender (G 1)**	**Participatory development/good governance (PD/GG 1)**	**Environmental protection, natural resource conservation, ecological sustainability (UR 0)**
The health seeking behaviour of the poor population of Cao Bang and Son La province is improved	Improved financial access to health care, prevention of catastrophic spending	Promotion of women's health, active role of women in training and IEC	Promotion of patient's rights. Awareness /utilisation of HI and its benefits	Satisfactory waste management at health facilities

	Component 1	**Component 2**	**Component 3**
	The target groups (youth and adolescents, poor people, members of minorities and other marginalized groups) are increasingly aware of measures needed to address priority health problems	*The quality of health services has improved*	*The utilisation of social insurance schemes providing access to advisory, preventive and curative health services has increased, especially among disadvantaged population groups*
1. Number of outpatient visits to health care centres and hospitals (increase of at least 2% per year)	1.1 Proportion of men and women of reproductive age knowing important subjects of sexual and reproductive health (80% in 2010) (KAP 2007, 2010)	2.1 Number of deliveries at district hospitals (10% increase per year)	3.1 Number of outpatient visits to health care centres and hospitals undertaken by patients covered through the HCFP (increase)
2. Number of in-hospital admissions (increase of at least 2% per year)	1.2 Proportion of men and women of reproductive age knowing how to protect themselves against HIV/AIDS and STDs (80% in 2010) (KAP 2007, 2010)	2.2 Numbers of caesarean sections at district and provincial hospitals (10% increase per year)	
3. Number of visits/in-hospital admissions due to HIV/AIDS related symptoms and diseases – including all STDs (increase of at least 2% per year)	1.3 Number of voluntary HIV/AIDS counselling and testing (increase)	2.3 Maternal mortality cases at health facilities (decrease)	
4. Contraceptive prevalence (increase of at least 3% until 2010)	1.4 Proportion of women participating in pre-natal visits/Number of expected pregnancies in the district (80% in 2010)	2.4 Infant mortality cases at health facilities (decrease)	
5. Proportion of deliveries with skilled attendance (80% in 2010)	1.5 Proportion of women participating in at least 3 pre-natal visits/pregnancy (increase of at least 2% per year)	2.5 Application of guidelines for HIV prevention and treatment in health facilities (4 criteria)	
		2.6 Systematic documented monitoring of quality indicators at health facilities (5 criteria)	
		2.7 Satisfaction of clients with family planning, prevention and health care services (increase)	

Legend:

Indicator achieved:	Indicator not achieved:	Indicator partly achieved:	Indicator not measurable, missing data:

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Internationale Zusammenarbeit (GIZ) GmbH

Dag-Hammarskjöld-Weg 1-5
65760 Eschborn/Germany
T +49 61 96 79-1408
F +49 61 96 79-801115
E evaluierung@giz.de
I www.giz.de